

2001 UNIFORM BUSINESS REPORT (UBR)

0003696 AF

DOCUMENT # A00000000571

1. Entity Name

1610 CONVERSION LTD.

Principal Place of Business

1 N.E. 1ST STREET, SUITE 700
MIAMI FL 33132

Mailing Address

1 N.E. 1ST STREET, SUITE 700
MIAMI FL 33132

FILED

01 MAR -9 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13132 W. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

13132 W. Dixie Hwy.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

65-1005673

Applied For

Not Applicable

Zip
33161

Country
Dade

Zip
33161

Country
Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, PAUL

1 N.E. 1ST STREET, SUITE 700

MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13132 W. Dixie Hwy.

City

North Miami

FL

Zip Code
33161

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$360,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000023828
NAME 1610 CONVERSION, INC.
STREET ADDRESS 1 N.E. 1ST STREET, SUITE 700
CITY-ST-ZIP MIAMI FL 33132

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

13132 W. Dixie Hwy.

CITY-ST-ZIP

North Miami, FL 33161

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED Paul Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/01 305-981-0311

Date

Daytime Phone #

CR2E003 (11/00)